SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. □ Agent Print your name and address on the reverse M Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. -31-17 or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: No No If YES, enter delivery address below: SALT LAKE COUNTY GOVT CENTER **PLANNING & ZONING** 2001 SOUTH STATE ST SLC UT 84190-3050 3. Service Type Certified Mail Express Mail ☐ Registered □ Return Receipt for Merchandise ☐ Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 529-12 MIDES 10046 2. Article Number 7004 1160 0003 0191 8915 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1544

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U.S. Postal Service ... ப CERTIFIED MAIL, RECEIPT 891 (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com 0191 Tentative Postage E000 Certified Fee Return Reclept Fee Hore (Endorsement Required) 1160 Restricted Delivery Fee (Endorsement Required) Total 7004 SALT LAKE COUNTY GOVT CENTER Sent PLANNING & ZONING Street, 2001 SOUTH STATE ST or PO SLC UT 84190-3050

PS Form 3800, June 2002

See Reverse for Instructions